

Foster Family Home - Deficiency Report

Provider ID: 1-588999

Home Name: May Ganton, CNA

Review ID: 1-588999-16

94-638 Loaa Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/7/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/07/2024).

Foster Family Home Client Care and Services [11-800-43]

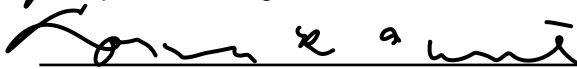
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

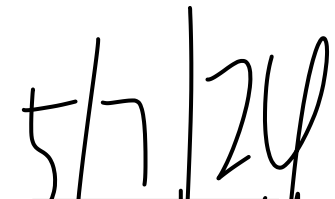
43.(c)(3): No documentation provided by CCFFH of RN delegations by client #1's case management agency for administration of oxygen and use of oral suctioning for all caregivers.



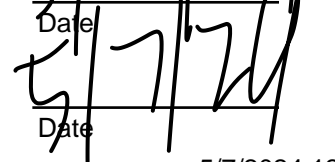
Compliance Manager



Primary Care Giver



Date



Date